

Work Order ID 94169

94169

Page 1

November-30-12 9:35:41 AM

Item ID: D412-705-023

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Oil Cooler Support Removable Lower Panel

Start Date: 11/30/12 Start Qty: 1.00 *1*

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 1.00 *1*

Customer:

Reference:

Approvals: Process Plan: MLJ Date: 12-12-03 Tooling:

Date:

QC: Date: SPC (Y/N):

Date:

Run Start *NR1*

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
N/A	Rev C

100

0.00

100

DC

Document Control

DOCUMENT CONTROL

Memo M.L.D.

0.00

Photocopy bluefile and create labels per PPP D412-705-023CHG001

110

Pick Kit

0.00

110

Packaging

Packaging

Memo

0.00

120

QC4- 100% Inspect kits for completeness

0.00

120

QC

Quality Control

Memo

0.00

13/6/14

M.L.D. 13-06-14 SP

13619

2

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Work Order ID 94169

94169

Page 2

November-30-12 9:35:41 AM

Item ID: D412-705-023

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Oil Cooler Support Removable Lower Panel

Start Date: 11/30/12 Start Qty: 1.00 *1*

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 1.00 *1*

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start *NR1*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130	Identify as per dwg & Stock Location: <u>121</u>	0.00							
130									
Packaging	Memo	0.00							
Packaging									
140	QC21- Final Inspection - Work Order Release	0.00							
140									
QC	Memo	0.00							
Quality Control									

13/4/19 (2) SP

MCS 1306-20

MCS 1306-19

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
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Other <input type="checkbox"/>											
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Supplier <input type="checkbox"/>											
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FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

Picklist Print

November-30-12 9:35:40 AM

Page 1

Work Order ID: 94169

Parent Item: D412-705-023

Parent Item Name: Oil Cooler Support Removable Lower Panel

Start Date: 11/30/12

Required Date: 12/07/12

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP A05.02.07New issueKJ/JLM
IPP Rev:B ECN 1052 07-11-06 DD verified by: EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
AN3-3A Bolt		Purchased	No			120	Each	310.0000	30	3060		11.11.13-06-18	SD
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				ST350		310		125709					
				116924		4							
				122800		6							
				123352		100							
				123831		200							
AN960JD10 Washer	NAS1149D0363J	Purchased	No			120	Each	0.0000	30	3060		11.11.13-06-18	SD
MS21051-L3K Nut Plate		Purchased	No			120	Each	269.0000	2	24		11.11.13-06-18	SD
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				ST316		269		4x					
				112669		69							
				112865		100							
				113236		100							
MS21069-L3K Nut Plate		Purchased	No			120	Each	54.0000	18	1836		11.11.13-06-18	SD
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				ST317		54		124291					
				118285		5							
				120308		49							

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
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Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
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FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

5.0 PARTS LIST

Qty -011	Qty -013	Qty -015	Qty -017	Qty -019	Qty -021	Qty -023	Part Number	Description
X							D412-705-011	TWIN PAK E-Z ACCESS KIT
1	X						D412-705-013	INTAKE PLENUM ACCESS PANEL KIT
1		X					D412-705-015	DRIVESHAFT TUNNEL MODIFICATION KIT
1			X				D412-705-017	N1 GEARBOX ACCESS PANEL KIT
1				X			D412-705-019	C-BOX OIL COOLER LINE SUPPORT ACCESS KIT
1					X		D412-705-021	OIL PRESSURE TRANSMITTER ACCESS KIT
1						X	D412-705-023	OIL COOLER SUPPORT REMOVABLE LOWER PANEL KIT
	1						D3245-041	ACCESS PANEL ASSEMBLY, LH
	1						D3245-042	ACCESS PANEL ASSEMBLY, RH
	2						D3245-043	DOOR ASSEMBLY
	2						D3245-9	GASKET
	2						D3245-11	GASKET
	2						D3245-13	GASKET
			1				D3255-041	ACCESS PANEL ASSEMBLY, LH
			1				D3255-042	ACCESS PANEL ASSEMBLY, RH
		1					D3256-1	ACCESS PANEL
		1					D3256-3	GASKET
				1			D3259-041	ACCESS PANEL ASSEMBLY, LH
				1			D3259-042	ACCESS PANEL ASSEMBLY, RH
					1		D3307-041	ACCESS PANEL ASSEMBLY
						30	AN3-3A	BOLT
		22	30		6		AN3C-3A	BOLT
		3					AN3C-4A	BOLT
						30	AN960JD10	WASHER
	16	44	36		12		MS20427M3-3	RIVET
						2	MS21051-L3K	NUT PLATE
	8	22	18		6		MS21060-L3K	NUT PLATE
						18	MS21069-L3K	NUT PLATE
		25	30		6		MS9321-09	WASHER

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Revision: C

Date: 07.10.12

November-30-12 9:35:41 AM

94.169

Page 1

Accept

N900040100

Setup Start *NS1*

Stop *NS2*

Stop ***NS2***

Start Date: 11/30/12 **Start Qty:** 1.00 ***1***

Cust Item ID:

Required Date: 12/07/12 **Req'd Qty:** 1.00 ***1***

Customer:

Reference:

Approvals: Process Plan: MLJ Date: 12-12-03 Tooling: _____ Date: _____

Run Start *NR1*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop *NR2*

Draw Nbr	Revision Nbr
N/A	Rev C

100		0.00
100	DOCUMENT CONTROL	
DC	Memo <i>M.D.</i>	0.00
Document Control	Photocopy bluefile and create labels per PPP D412-705-023CHG001	

MLJ 13-06-18

110	Pick Kit	0.00
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110		
Packaging	Memo	0.00
Packaging		

M.D. 13-06-14

120	QC4- 100% Inspect kits for completeness	0.00
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120			
QC	Memo		0.00
Quality Control			